

**JANUARY**

<b>VACCINES FOR CHILDREN (VFC) PROGRAM VACCINE ORDER FORM</b>				Date order received	Order sent to dist.	Signature
NAME OF PHYSICIAN'S OFFICE, PRACTICE, CLINIC, ETC.				VFC Provider Code		DATE
DELIVERY ADDRESS (Number and Street – No P.O. Boxes)			City		Zip Code	<input type="checkbox"/> CHECK HERE IF THIS IS A NEW ADDRESS
DELIVERY: Please specify all days and times you may receive vaccine.	DAY AND TIME <input type="checkbox"/> Mon. _____	DAY AND TIME <input type="checkbox"/> Tue. _____	DAY AND TIME <input type="checkbox"/> Wed. _____	DAY AND TIME <input type="checkbox"/> Thu. _____	DAY AND TIME <input type="checkbox"/> Fri. _____	
CONTACT PERSON:		TELEPHONE:		FAX:		
VACCINES AND VFC FORMS		COMPLETE ENTIRE ROW FOR EACH VACCINE ORDERED INCOMPLETE FORMS WILL NOT BE PROCESSED				
		VACCINE INVENTORY			Vaccine Shipped In	
		Number of Doses (VFC Only) On-Hand	Lot Number	Exp. Date	Vials/Units of the Following Sizes	New Vaccine Order
<b>REGULAR ORDER VFC VACCINES</b>						
DT					10 doses	doses
DtaP					5 or 10 doses	doses
Pediarix (DPH)					10 doses	doses
Hepatitis A (HAP) Pediatric					10 doses	doses
Hepatitis B (HPF) Pediatric					10 doses	doses
Hib					5 doses	doses
Hepatitis B-HIB (COM)					10 doses	doses
IPV					10 doses	doses
MMR					10 doses	doses
Pneumococcal Conjugate Prevnar (PCV)					5 doses	doses
Td					10 doses	doses
Varicella (VAR) Chickenpox					10 doses	doses
VFC Consent Forms						packs
VFC Labels						packs
VFC Return Envelopes						packs
<b>SPECIAL ORDER VACCINES</b>						
Influenza (October thru March ONLY)					10 doses	doses
Pneumococcal Polysaccharide (Eligible Groups: Children 2-18 years who have functional or anatomical asplenia, immunocompromising illness or medications, chronic illness (not including asthma), who are Alaskan Native or American Indian, or have received a bone marrow transplant)					5 doses	doses

**INSTRUCTIONS:**

1. Print or type
2. Submit order form using **ONE** of the following options:

Questions? Please contact  
VFC at (210) 921-1178

Fax orders to: (210) 922-9938

**OR**

MAIL orders to: SAMHD/VFC Program  
332 W. Commerce, Ste. 108, San Antonio, TX 78205